





## **Consent to Communicate Medical Information**

## **Voicemail Communication**

Welcome to the practice! Many times during the course of your care our providers will want to provide information to you about laboratory results or other medical issues. Sometimes it is difficult to connect with patients by phone which delays our ability to relay information. Some patients prefer that we leave messages on their voicemails as a way to eliminate delays. Because we are bound to protect patient privacy, we cannot use this method of communication unless we have permission to do so. Please indicate your preference as to how we can communicate information to you during your care as a patient here:

preference as to how we can communicate information		1	dicate your	
Yes, you may leave a message on my:	ne #	Cell #		
☐ No, you may not leave a message on my voice	emails.			
Communication with Family Members or S				
Some patients would like us to discuss their medical ca we require patient permission to do so. Please list below	•	-		
Name	Relation	shin		
	reducion	Simp		
Name		Relationship		
Request for Email Communication  Some patients prefer to communicate with our clinical by email, however, has a number of risks that patients or using the email system are not encrypted and are infrommunicated this way. Nevertheless, you may request email information below:	should consider before nerently insecure. There	giving consent. Communications over the is no assurance of confidentiality of interest of the confidentiality	he Internet and/ formation when	
$\square$ Yes, I authorize Email Communication	□ No, I do not auth	norize Email Communication		
Patient Signature		Email Address		